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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			_ 1	Application Number 10/512,0		***************************************		
FEE TRANSMITTAL			<b>\</b> L_ "	Filing Date	October	21, 2004		
Fo	or FY 20	009		First Named Inven	itor Kari PUL	KKINEN		
				Examiner Name	Hani M.	Hani M. KAZIMI		
Applicant claims small entity status. See 37 CFR 1.27			7	Art Unit 3691				
TOTAL AMOUNT OF PA	YMENT (\$)	130.00	1	Attorney Docket N	lo. 0365-060	39PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please (dentify):								
Peposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING F	mail Entity	SEARE	CH FEES I Small Entity	EXAMINATIC Sma	IN FEES II Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		e (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220 1	.10	0.00	
Design	220	110	100	50	140	70	9.00	
Plant	220	110	330	165	170	85	0.86	
Reissue	330	165	540	270	650 3	25	0.00	
Provisional	220	110	0	0	0	0	00.00	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Fee (\$) Fee (\$)  Each claim over 20 (including Reissues) 52 26								
Each independent claim over 3 (including Reissues) 220 110							110	
Multiple dependent claims						390	195	
Total Claims - 20 or HP =	Extra Clain			Pald (\$) :.00	<u> </u>		endent Claims	
HP = highest number of tot		x r, if greater than 20.				Fee (S)	Fee Paid (\$) 0.00	
Indep. Claims	Extra Claim	15 Fee (\$)	-	Paid (\$)				
- 3 or HP = HP = highest number of inde	ependent claims	X paid for, if greater th		.00				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 ≈ 0 /50 ≈ 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)  0.00								
Other (e.g., late filing surcharge): (1251) One-Month Extension of Time (\$130.00) 130.00								
SUBMITTED BY								
Signature VAA	<sub>di</sub> Caud	k #46,60	R  /	tegistration No. <sub>29</sub> 6 Attomey/Agent)	880	Telephone	703-205-8000	
Name (Print/Type) Michael K Mutter Date Januar							ary 10, 2011	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.